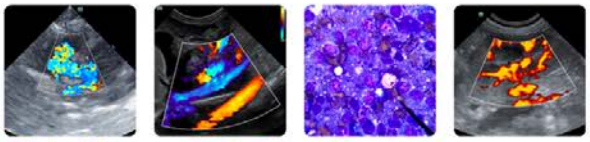

PATIENT

Bodie Finnegan

SPECIES

Canine

BREED

Cavalier x Poodle

SEX

Neutered Male

AGE

8 Years

WEIGHT

24.8

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sandra Jimenez

HOSPITAL NAME

Bramer Animal Hospital

REFERRING VET

Dr. Sandra Jimenez

INVOICE

72747

DATE

12/23/25

PRESENTING CLINICAL SIGNS

General bloodwork for dental procedure performed found high platelet count in 11/13/25 which progressed when re-checked on 12/16/25. Doing well at home with no abnormalities or concerns noticed.

Abnormal PE/Chem/CBC/UA Results: 11/13/25 CBC/Chem/T4: HCT 44.5%, WBC 22.5K/uL (5.8-16.2), neutrophils 17.28K/uL (3-9.7), platelets 921k/uL (120-412), Potassium 5.7 mmol/L (4-5.4) 12/16/25 CBC:HCT 49.5%, WBC 18.7K/uL (5.8-16.2), neutrophils 13.05K/uL (3-9.7), platelets 1126k/uL (120-412) 12/23/25: periodontal disease grade 4 (no bleeding or abnormalities on gums), thoracic radiographs overall unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The residual prostate measured 5.0 mm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.7 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** revealed a hypoechoic, expansive, disruptive nodule measuring 1.3 cm. Capsular expansion noted in both the medial and lateral aspects of the splenic capsule.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

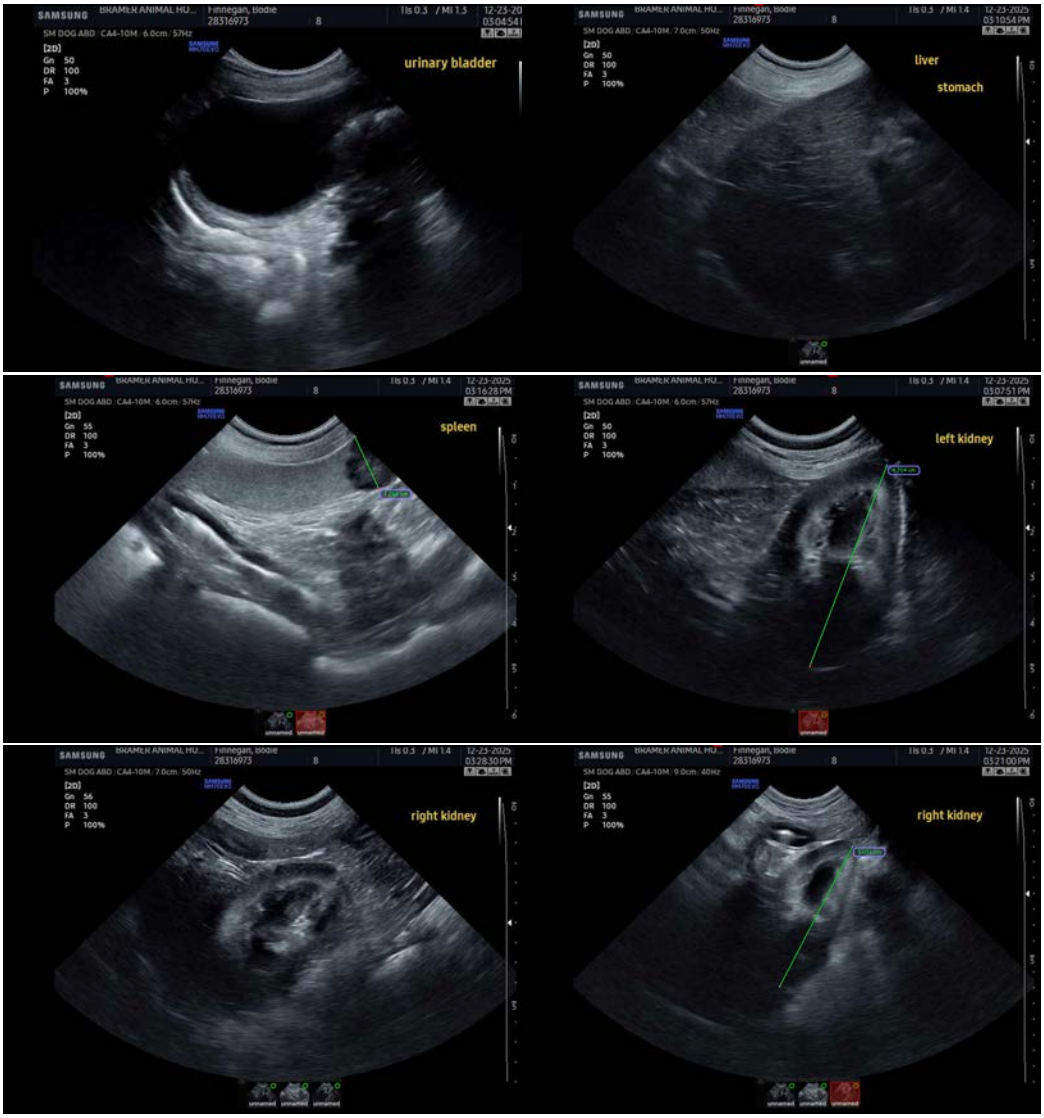
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule – strong concern for round cell neoplasia or hemangiosarcoma. Hyperplasia possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both FNA and proactive splenectomy valid in this patient. If only FNA is performed, then recheck sonogram in 3 weeks to assess for any progression.



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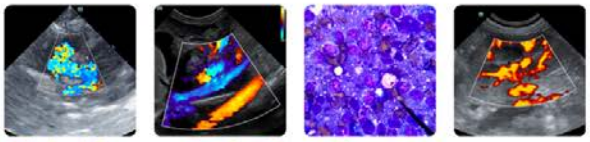

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
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